



**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Form 2020**

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

RECEIVED  
2005 OCT -3 AM 11:32  
OFFICE OF HEALTH CARE ACCESS

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Hartford Hospital	
Doing Business As	Hartford Hospital	
Name of Parent Corporation	Hartford Health Care Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	80 Seymour St. P.O. Box 5037 Hartford CT 06102	
Petitioner type (e.g., P for profit and NP for Not for Profit)	NP	
Name of Contact person, including title	Joan Feldman Shipman & Goodwin LLP	
Contact person's street mailing address	One Constitution Plaza Hartford, CT 06103	
Contact person's phone, fax and e-mail address	Phone (860) 251-5104 Fax (800) 251-5211 jfeldman@goodwin.com	

**SECTION II. GENERAL PROPOSAL INFORMATION**

a. Proposal/Project Title:

Physician Practice Services/ Geriatric Program

b. Location of proposal (Town including street address):

Duncaster  
40 Loeffler Road, Bloomfield, CT 06002

c. List all the municipalities this project is intended to serve:

Bloomfield

d. Estimated starting date for the project:

As soon as approval is grantede. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

☐ ☐ Acute Care Hospital☐ ☐ Behavioral Health Provider☐ ☐ Hospital Affiliate

E P

☐ ☐ Imaging Center☐ ☐ Ambulatory Surgery Center☒ ☒ Other specify):

E P

☐ ☐ Cancer Center☐ ☐ Primary Care Clinic**SECTION III. EXPENDITURE INFORMATION**

a. Estimated Total Capital Expenditure/Cost:

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	0.00
Medical Equipment (Purchase)	0.00
Imaging Equipment (Purchase)	0.00
Non-Medical Equipment (Purchase)	0.00
Sales Tax	0.00
Delivery & Installation	0.00
<b>Total Capital Expenditure</b>	\$0.00
Fair Market Value of Leased Equipment	0.00

<b>Total Capital Cost</b>	<b>\$0.00</b>
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**Major Medical and/or imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
N/A				

Note: Provide copy of contract with vendor for medical equipment.

## c. Type of financing or funding source:

- ☐ Operating Funds
                     ☐ Lease Financing
                     ☐ Conventional Loan  
☐ Charitable Contributions
                     ☐ CHEFA Financing
                     ☐ Grant Funding  
☐ Funded Depreciation
                     ☐ Other (specify):

**SECTION IV. PROPOSAL DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

**SECTION V. AFFIDAVIT**

Applicant: Hartford Hospital  
Project Title: Duncaster Physician Practice

I, John Meehan, President & CEO  
(Name) (Position – CEO or CFO)

of Hartford being duly sworn, depose and state that the  
information provided in this CON Determination form is true and accurate to the best of my  
knowledge, and that Hartford Hospital complies with the appropriate  
(Facility Name)

and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-  
486 and/or 4-181 of the Connecticut General Statutes.

John Meehan  
Signature

9/28/05  
Date

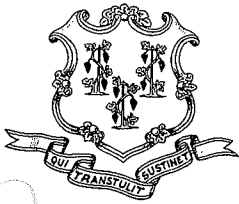
Subscribed and sworn to before me on 9/28/05

Joan W. Feldman  
Notary Public/Commissioner of Superior Court

My commission expires: \_\_\_\_\_

#### **Section IV. PROPOSAL DESCRIPTION**

- 1. Duncaster is a Continuing Care Retirement Community located in Bloomfield, Connecticut, which offers independent living, assisted living and skilled nursing services to its senior residents. In addition, Duncaster offers primary care physician geriatric services through a contractual arrangement it has entered into with Hartford Hospital. Specifically, Duncaster has arranged for a geriatrician to be physically present on the Duncaster campus 5 days per week for the purpose of offering physician office hours to the Duncaster residents. Duncaster's employed APRN and nursing staff assist the physician in providing services. Duncaster performs the third-party billing for the physician and APRN services. Only the professional fees are currently billed by Duncaster. This arrangement has been in existence for many years and it is one that Duncaster is contractually obligated to provide to its residents. Nevertheless, given the operational and financial challenges of arranging for the availability of these physician services, Duncaster has determined that it is no longer financially feasible for it to continue to arrange for such services. The Petitioner has agreed to assume financial and operational responsibility for offering the physician services. The Petitioner will employ the clinical staff to be on site and perform the billing. The Petitioner will be eligible for a higher level of reimbursement from Medicare because the services will be provided as outpatient hospital services under the Petitioner's hospital license.**
- 2. The services that the Petitioner will offer will remain the same primary care physician services that are currently offered. The Petitioner will continue to provide such services under its hospital license.**
- 3. There will be a facility fee to the same extent that the Petitioner receives such a fee for outpatient services. Petitioner is not purchasing any of the assets or equity of Duncaster practice (with the exception of minor pieces of (non imaging) medical office equipment. Petitioner will not be taking control, through board representation or otherwise of Duncaster. Thus, there is no change of ownership or control.**
- 4. The current patient population being served is the Duncaster residents. In order to make the practice financially feasible, the physician services will also be available to the community.**
- 5. The service will be provided by a geriatrician(s) and an APRN.**
- 6. The payers will be Medicare, private Medicare supplemental insurers, and self-pay.**



M. JODI RELL  
GOVERNOR

# STATE OF CONNECTICUT

## OFFICE OF HEALTH CARE ACCESS

CRISTINE A. VOGEL  
COMMISSIONER

October 11, 2005

Joan Feldman, Esquire  
Shipman and Goodman, LLP  
Once Constitution Plaza  
Hartford, CT 06103-1919

Re: Certificate of Need Determination, Report Number 05-30592-DTR  
Hartford Hospital  
Duncaster- Primary Care for the Elderly

Dear Attorney Feldman:

On September 30, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination on behalf of Hartford Hospital to provide primary care services to the elderly at Duncaster, located in Bloomfield.

Please be advised that OHCA has reviewed the information submitted and makes the following findings:

1. Hartford ("Hospital") is an acute care hospital located at 80 Seymour Street, Hartford, Connecticut.
2. Duncaster is a continuing care retirement community located at 40 Loeffler Road, Bloomfield, Connecticut.
3. Duncaster currently offers independent living, assisted living, skilled nursing services, and primary care services to senior citizens residing at Duncaster in Bloomfield.
4. Hartford Hospital is proposing to provide the primary care services currently offered at Duncaster to the Bloomfield community and Duncaster residents.

*An Equal Opportunity Employer*

410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308

Telephone: (860) 418-7001 • Toll free (800) 797-9688

Fax: (860) 418-7053

5. Duncaster currently has an arrangement with a geriatrician and employs an APRN and nursing staff to assist the physician in providing the medical services.
6. The Hospital will employ the on-site clinical staff and bill for the primary care services.
7. Duncaster currently performs the third-party billing for the physician and the APRN services and only bills for professional fees.
8. The Hospital will assume the financial and operational responsibility for offering the primary care services.
9. The primary care services will be billed as outpatient hospital services, under the Hospital's license.
10. The Hospital will charge a facility fee for the proposed services.
11. The Hospital will not take control of Duncaster or have any representation on Duncaster Board.
12. There is no capital expenditure associated with this proposal.
13. Section 19a-638 of the Connecticut General Statutes ("C.G.S.") states:

*Subsection (1) "Each health care facility or institution, that intends to (A) transfer all or part of its ownership or control...shall submit to the office, prior to the proposed date of such transfer or change, a request for permission to undertake such transfer or change".*

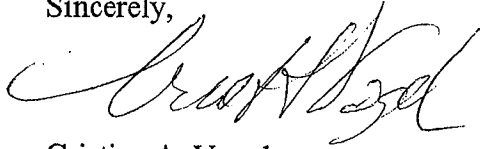
*Subsections (2) "Each health care facility or institution ..., which intends to introduce any additional function or service into its program of health care shall submit to the office, prior to the proposed date of the institution of such function or service, a request for permission to undertake such function or service"*

Based on the above findings, OHCA has determined that Hartford Hospital's proposal to provide primary care services at Duncaster is considered to be a transfer of control of the primary care service from Duncaster to Hartford Hospital. The proposal also represents an additional service for Hartford Hospital at a new location in Bloomfield, Connecticut; therefore, Certificate of Need authorization is required.

OHCA considers your CON Determination filing of September 30, 2005 as your Letter of Intent; therefore you may file your completed CON application with OHCA between November 29, 2005 and December 29, 2005. The CON application is being mailed to your attention separately.

If you have any questions regarding this letter, please feel free to contact Steven Lazarus at (860) 418-7012.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cristine A. Vogel".

Cristine A. Vogel  
Commissioner

cc: Rose McLellan, DPH